

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

TYPE: **Daily**
 FORM: **RD04**

Date of Inspection: _____ Time: _____ AM/PM
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SAFETY / EMERGENCY EQUIPMENT

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
EMERGENCY RESPONSE TRAILER:	Check security tag. If tag is broken or missing, check inventory for presence of all listed equipment.				
COMMUNICATION SYSTEM:	Check telephone system to ensure connection and operation of outside line.				
	Check telephone system for "all page".				
	Check Citizens Band Radio.				
	Check hand-held and base station radio.				
WIND SOCK:	Check for presence.				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO